



CORRECTED Application Data Sheet

APPLICATION INFORMATION

Application Number:: 10/677,448
Filing Date:: October 2, 2003
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks:
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CRF)?:: No
Number of Copies of CRF::
Title:: LATERAL SPRAY NOZZLE
Attorney Docket Number:: 224344
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 5
Small Entity?:: No
Latin Name::
Variety denomination name::
Petition Included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gary
Middle Name::
Family Name:: Paulsen
Name Suffix::
City of Residence:: Batavia
State or Prov. of Residence:: IL
Country of Residence:: US
Street of mailing address:: 1151 Larkspur Lane
City of mailing address:: Batavia
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60510

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Bart
Middle Name:: R.
Family Name:: Bolman
Name Suffix::
City of Residence:: Streamwood
State or Prov. of Residence:: IL
Country of Residence:: US
Street of mailing address:: 15 Gant Circle, #B
City of mailing address:: Streamwood
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60107

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Patrick
Middle Name:: M.
Family Name:: Maney
Name Suffix::
City of Residence:: Batavia
State or Prov. of Residence:: IL
Country of Residence:: US
Street of mailing address:: 1347 Lundberg Avenue
City of mailing address:: Batavia
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60510

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a	Non Provisional of	60/415,409	October 2, 2002

ASSIGNEE INFORMATION

Assignee name:: Spraying Systems Co.
Street of mailing address:: North Avenue at Schmale Road
P.O. Box 7900
City of mailing address:: Wheaton
State or Province of mailing address:: IL
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60189-7900